Commonwealth of Kentucky
Energy and Environment Cabinet
Division for Air Quality
200 Fair Oaks Lane, 1st Floor
Frankfort, Kentucky 40601-1403
(502) 564-3999
EAX 564-4666

DEP-7034

Rev. 01-04

DIVISION USE ONLY

Frankfort, Kentucky 40601-1403 (502) 564-3999 FAX 564-4666	DIVISION USE ONLY
	RECEIPT NUMBER:
APPLICATION	
FOR ASBESTOS CERTIFICATION (CONTRACTORS OR FACILITIES)	CERTIFICATE NUMBER:
The proper completion and return of this form is required for entity certification under 401 KAR 58:040. To be considered a complete application all requested information must be provided on this form, and the form must be signed by an authorized company officer, and accompanied by the required certification fee in the form of a certified check or money order payable to Kentucky State Treasurer. Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of certification.	RECEIVED:
COMPANY NAME:	TELEPHONE: ()
NAME OF OWNER OR COMPANY OFFICIAL: Mr./Ms.	
MAILING ADDRESS: Street or P.O. Box	
City State	Zip Code
Total Fee for Initial Certification is \$500.00. (Includes \$100.00 filing fee.) Fees for certification should not be combined in a single check with fees	ee.)
ASBESTOS Initial Renewal CERTIFICATION DESIRED	Modification
Copy of certificate, letter, or other proof, verifying compland that a passing [70%] score was achieved on the acpersons to be listed on the certificate.	· · · · · · · · · · · · · · · · · · ·
I hereby acknowledge that I have read and understand this application are true and correct to the best of my belief and knowledge. perjury for false statements contained in this application.	
SIGNATURE: Owner or Company Official	Date